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Fill in this information to identify your case:	Check as directed in lines 17 and 21:
Debtor 1 Abbigail B Irish	According to the calculations required by this Statement:
Debtor 2 (Spouse, if filing)	<ul><li>1. Disposable income is not determined</li><li>11 U.S.C. § 1325(b)(3).</li></ul>
United States Bankruptcy Court for the: <u>Eastern District of Pennsylvania</u>	2. Disposable income is determined und U.S.C. § 1325(b)(3).
Case number(if known)	3. The commitment period is 3 years.
(II KIIOWII)	4. The commitment period is 5 years.
	☐ Check if this is an amended filing
Official Form 122C-1	

## an amended filing

#### <u>Ulliciai Form 1220-1</u>

### **Chapter 13 Statement of Your Current Monthly Income** and Calculation of Commitment Period

10/19

income is not determined under

income is determined under 11

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any

auui		tilowil).						
Part	1: Calculate Your Average Monthly Income							
	What is your marital and filing status? Check one on the Not married. Fill out Column A, lines 2-11.  ☐ Married. Fill out both Columns A and B, lines 2-11							
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.								
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and com	nmissio	ons (before all	\$8	8,760.50	\$	
3.	<b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.	e paymen	ts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly polyou or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spot you listed on line 3.	r <b>t.</b> Include ld, your de	regulai epende	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	ırm \$	0.00	Copy here ->	\$	0.00	\$	
6.	Net income from rental and other real property	Debtor 1						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period Case 24-14163-amc Doc 4 Filed 11/20/24 Entered 11/20/24 12:16:02 Desc Main Document Page 2 of 4

ebtor 1	Abbigail B Irish		_	Case number	(if known)			_
				Column A Debtor 1		Column B Debtor 2 o	or	
7. In	terest, dividends, and royalties			\$	0.00	\$		
	nemployment compensation			\$	0.00	\$		
Do	o not enter the amount if you conte e Social Security Act. Instead, list i		a benefit unde	er				
	For you	\$	0.00					
	For your spouse	\$						
be no St or un ex	ension or retirement income. Do nefit under the Social Security Act tinclude any compensation, pensiates Government in connection wideath of a member of the uniformeder chapter 61 of title 10, then included the amount of retired pay to der any provision of title 10 other the social security.	t. Also, except as stated in the nexton, pay, annuity, or allowance painth a disability, combat-related injuried services. If you received any relude that pay only to the extent that which you would otherwise be entered.	ct sentence, do d by the Unite ry or disability etired pay paid at it does not	d ,	0.00	\$		
10. <b>In</b> o Do as ter St or	come from all other sources not ont include any benefits received a victim of a war crime, a crime agrorism; or compensation, pension, ates Government in connection wideath of a member of the uniformaparate page and put the total belower.	I listed above. Specify the source under the Social Security Act; paying gainst humanity, or international of pay, annuity, or allowance paid but a disability, combat-related injuried services. If necessary, list othe	ments receive or domestic by the United ry or disability	d ,				
				\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separat	te pages, if any.	-	<b>+</b> \$	0.00	\$		
	ch column. Then add the total for Determine How to Measure			8,760.50	<b>*</b> \$			8,760.50 etal average onthly income
12. <b>C</b> c	opy your total average monthly i	income from line 11					\$	8,760.50
13. <b>C</b>								
	You are married and your spou Fill in the amount of the income	se is filing with you. Fill in 0 below se is not filing with you. listed in line 11, Column B, that wa 's tax liability or the spouse's supp	as NOT regula					our dependen
	on a separate page.	luding this income and the amount	t of income de	voted to each p	ourpose. I	f necessary,	list additi	onal adjustmer
	If this adjustment does not appl	y, enter 0 below.	•					
			\$		_			
	<del>-</del>				_			
			+\$_					
	Total		\$ _	0.00	Cor	y here=>		0.00
14. <b>Y</b>	our current monthly income. S	ubtract line 13 from line 12.			_		\$	8,760.50
15 -	Poloulete vous sumerst as suffit !	noome for the rear Filling	o otor					
	Calculate your current monthly in							
1	5a. Copy line 14 here=>						\$	8,760.50

# 

Debtor 1 Abbigail B Irish				Case number (if known)					
		Mul	Itiply line 15a by 12 (the number of months	n a year).			<b>x</b> 12		
	151	o. The	e result is your current monthly income for the	ne year for this part	of the form.	\$_	105,126.00		
16	Calc	culate 1	the median family income that applies to	you. Follow these	steps:				
	16a.	Fill in	the state in which you live.	PA	_				
	16b.	Fill in	the number of people in your household.	1	_				
	16c.	To fine	the median family income for your state and d a list of applicable median income amoun ctions for this form. This list may also be ava	ts, go online using t	he link specified in the separate	\$_	65,737.00		
17.		_	e lines compare?	S. II. 6		. ,			
	17a.	Ц			of this form, check box 1, <i>Disposable incom</i> of Your Disposable Income (Official Form				
	17b.	$\boxtimes$		ulation of Your Di	orm, check box 2, <i>Disposable income is dete</i> sposable Income (Official Form 122C-2).				
Part	3:	Cald	culate Your Commitment Period Under 1	1 U.S.C. § 1325(b)(	4)				
18.	Сор	y your	total average monthly income from line	11		\$	8,760.50		
19.	that	calcula	e marital adjustment if it applies. If you ar ating the commitment period under 11 U.S.C py the amount from line 13.						
	19a.	If the i	marital adjustment does not apply, fill in 0 o	n line 19a.		<b>-</b> \$	0.00		
	19b.	Subtr	act line 19a from line 18.			\$_	8,760.50		
20.	Calc	ulate	your current monthly income for the yea	r. Follow these step	os:				
	20a.	Сору	line 19b			\$_	8,760.50		
		Multip	ly by 12 (the number of months in a year).				<b>x</b> 12		
	20b.	The re	esult is your current monthly income for the	year for this part of	the form	\$_	105,126.00		
	20c.	Copy	the median family income for your state and	d size of household	from line 16c	\$_	65,737.00		
	21.	How	do the lines compare?						
			ine 20b is less than line 20c. Unless otherwoeriod is 3 years. Go to Part 4.	vise ordered by the	court, on the top of page 1 of this form, chec	ck box 3,	The commitment		
			Line 20b is more than or equal to line 20c. Uncommitment period is 5 years. Go to Part 4.	nless otherwise ord	lered by the court, on the top of page 1 of the	nis form,	check box 4, <i>The</i>		
Part	4:	Sign	n Below						
	By s	igning	here, under penalty of perjury I declare that	the information on	this statement and in any attachments is tru	ie and co	rrect.		
X	/s/	Abbig	gail B Irish						
			I B Irish of Debtor 1	<u> </u>					
	_		vember 20, 2024						
			/ DD / YYYY						
	-		ked 17a, do NOT fill out or file Form 122C-2						
	If yo	u chec	ked 17b, fill out Form 122C-2 and file it with	this form. On line 3	39 of that form, copy your current monthly in	come fro	m line 14 above.		

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Debtor 1 Abbigail B Irish Case number (if known)

#### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 05/01/2024 to 10/31/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment

Year-to-Date Income:

Starting Year-to-Date Income: \$31,820.00 from check dated 04/30/2024. Ending Year-to-Date Income: \$84,383.00 from check dated 10/31/2024.

Income for six-month period (Ending-Starting): **\$52,563.00**.

Average Monthly Income: **\$8,760.50**.